Accepting, Understanding, and Managing Common Childhood Disorders

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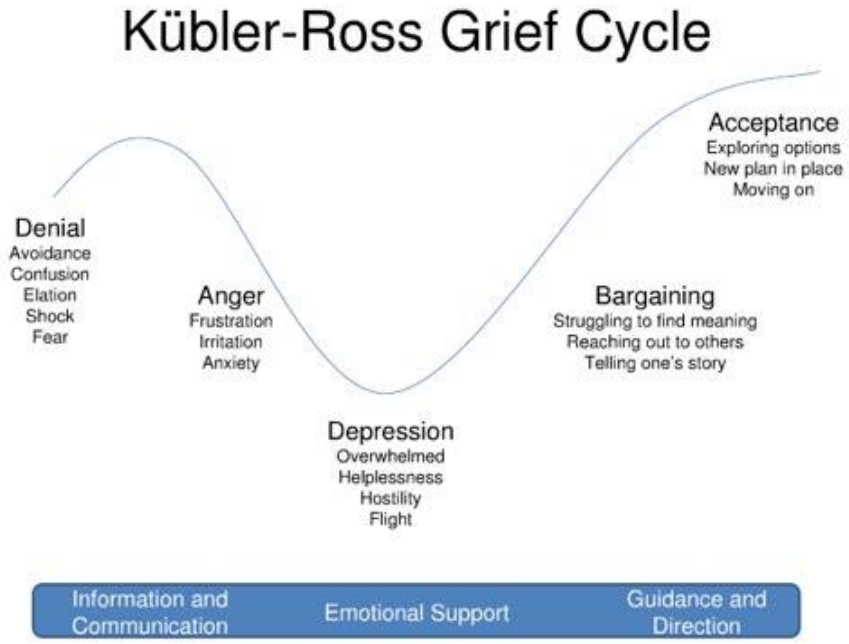
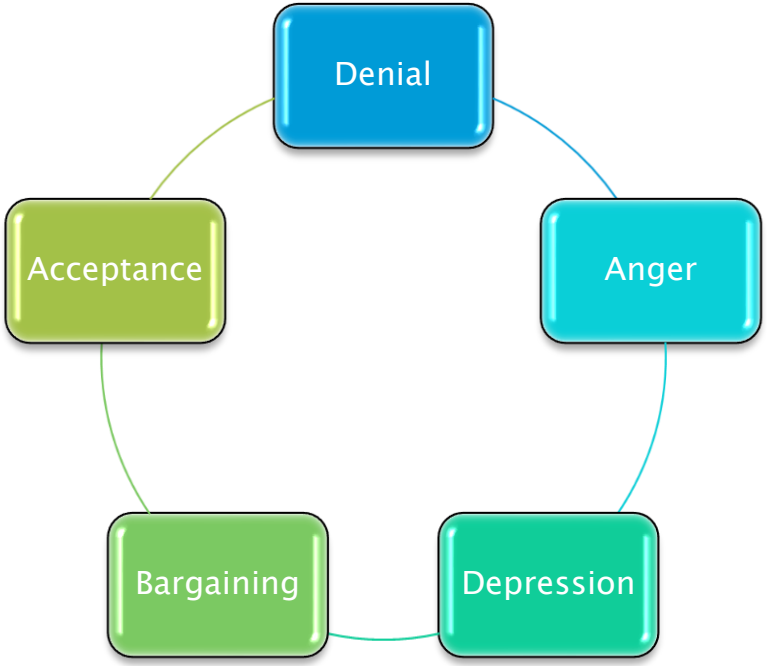
Overview

- Accepting a Child's Diagnosis
- Common Diagnoses in School-Age Children
- Understanding the Function of Behaviors
- Effective Behavioral Strategies

Accepting a Child's Diagnosis





- Procession is not linear when accepting a child's diagnosis
- May return to some stages as children grow and experience various life events
- Searching, surviving and settling in as an alternate model

DSM-5 vs. Educational Classifications

- Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)

- Under IDEA, there are 13 educational classifications:
  - Autism
  - Deafness
  - Deaf-blindness
  - Emotional disturbance
  - Hearing impairment
  - Intellectual disability
  - Learning disability
  - Multiple disabilities
  - Orthopedic impairment
  - Other health-impairment
  - Speech or language impairment
  - Traumatic brain injury
  - Visual impairment (which includes blindness)

Common Diagnoses in School-Age Children

- Attention Deficit Hyperactivity Disorder (ADHD)
  - Hyperactivity: atypically high level of activity
  - Impulsivity: acting without forethought or consideration of consequences
  - Inattention: failure to pay attention; easily distracted; difficulty with organization

- Oppositional Defiant Disorder (ODD)
  - A recurrent pattern of negativistic, defiant, disobedient and hostile behavior towards authority figures that seriously interferes with a child's day to day functioning
  - A psychological disorder in childhood and adolescence characterized by excessive oppositionality or tendencies to refuse requests from parents and others.

Common Diagnoses in School-Age Children

- Anxiety
  - Selective Mutism
    - Consistent failure to speak in specific social situations that interferes with educational or occupational achievement or with social communication
  - Separation Anxiety
    - Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached
  - Phobias
    - Marked fear or anxiety about a specific object or situation (i.e. flying, heights, animals, receiving an injection, seeing blood), immediately provokes fear/anxiety, fear or anxiety is disproportional, persistent (6 mos), causes clinically significant distress or impairment, and not better explained by another disorder
  - Panic Attacks
    - Recurrent panic attacks (sx such as palpitations, sweating, shaking, shortness of breath, chest pain, nausea, dizziness, numbness, fear of going crazy or dying along with worry regarding future attacks, avoiding certain situations, and not better explained by another mental disorder
- Depression
  - Characterized by depressed mood most of day nearly every day or markedly diminished interest or pleasure in all or almost all activities; weight loss or gain; insomnia or hypersomnia; psychomotor retardation or agitation, fatigue, feelings of worthlessness or inappropriate guilt; difficulty concentrating or indecisiveness or recurrent thoughts of death

Common Diagnoses in School-Age Children

- Specific Learning Disorder (SLD)
  - Difficulties learning and using academic skills not attributable to an intellectual disability
  - Onset occurs during formal school and impacts key academic skills, including reading fluently, reading comprehension, written expression, spelling, mathematical calculation, and mathematical reading
- Autism Spectrum Disorder (ASD)
  - Persistent deficits in social communication and social interaction across multiple contexts
  - Restricted, repetitive patterns of behavior, interests, or activities
- Social Communication Disorder
  - Persistent difficulties in the use of verbal and nonverbal communication

Understanding the Function of Behaviors

- Four Common Functions of Behavior
  - Escape/avoidance
  - Attention
  - Gaining access to something
  - Sensory
- Slow triggers
- Constitutional factors

Understanding the Function of Behaviors

Understanding the Function of Behaviors

Basic Premises

- By changing our responses to our child's behavior we can change our child's behavior.
- Attention is like food: we all need it.
  - Positive and negative attention both increase behavior.
- Law of Reciprocity
  - If you want a positive behavior give one first; if you give a negative behavior expect one back (i.e. Yelling begets yelling)
- Parallel process between adults and children
- Consider function of behavior and consider different environments
- Concept of family homeostasis

Prioritizing: Three Kinds of Children's Behaviors

Like	Dislike	Intolerable
Behaviors you want to see more of	Behaviors you want to see less of	Behaviors you want to stop
Praise	Ignore	Intervene

- Organizing the behaviors helps to maintain consistency

Praise/Positive Attention

- Provide appropriate language and behavior-specific praise

- Positive attention elements include eye contact, body language, tone of voice, emotion, content (i.e. clear positive messages, verbal and nonverbal), and timing (i.e. best if given immediately).

Catch Them Being Good

- Praise appropriate behavior as frequently and specifically as possible.
- Behavior Praised After Ignoring
  - Ignoring only works when used with positive attention
  - It is an all or none phenomenon, and verbal/nonverbal aspects are important
    - No eye contact,
    - Be aware of body language
    - No smiling or speaking
    - Focus on something else (e.g. count, read a magazine)
  - Be sure to let child know what replacement behavior you want (e.g. I will listen when you use a big girl voice.)
  - Behavior may increase temporarily

Effective Commands

- Commands are only effective if you look and sound like you mean what you say, and when you follow through with an appropriate consequence
- Sometimes a command has to be repeated several times
- Commands should be short and appropriate to the child's language and developmental level.
- Make sure you have your child's attention.
- Establish eye contact, and praise the child for attending.
- Be short and specific.
- Do not ask "yes" or "no" questions if no is unacceptable.
- Use an assertive, firm, and neutral tone of voice.
- Praise as soon as any attempt to comply is made.

Inattention/Impulsivity

- Attention breaks during hw and classwork
- Break up lengthier assignments into smaller parts
- Preferential seating
- Reduce environmental distractions
- Ensuring child knows daily homework assignment
- Periodic review of notebooks to ensure organization and accuracy
- Non-verbal cueing system
- Response delay techniques
- Verbal mediation
- Stop and think methods
- Review behavior and anticipate consequences

Use of Time Out

- Time out is time out from positive reinforcement
- Only to be used for intolerable behaviors
- Select place in home-must be safe, not scary, but with no "fun potential"
- Use a timer-one half to one minute per year as general guideline
- Once intolerable behavior is observed, clearly and firmly use a verbal command telling child to stop the specific behavior or s/he will go to time out.
- If child stops, praise.
- If behavior persists take child to time out area.
- If the child refuses have a back up plan.
- You can use this in public places (e.g. a corner, the car)

Further Questions